

National surveys in South Africa: Implications for prevention programmes



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Warren Parker
Centre for AIDS Development, Research and Evaluation
www.cadre.org.za

National surveys in SA

- South Africa has extensive national-level quantitative data on HIV prevention
- Key data includes a wide range of 'KABP' surveys conducted over time, including population-based HIV prevalence data
- Key surveys include:
 - Pre-2002: DHS, Beyond Awareness, Khomanani, Soul City
 - 2002 and 2005 NM/HSRC surveys
 - 2003 RHRU youth survey
 - 2003 DHS (not released, but some data presented in DOH UNGASS report)
 - 2006 Communication Survey

HIV prevalence

- Annual antenatal surveys provide prevalence trend data since the early 1990s
- Surveys and antenatal data provide understanding of national and provincial HIV prevalence trends and allow for a degree of confidence in understanding the epidemic in SA through triangulation of findings
- Overall HIV prevalence relatively stable over past three years (factors include 'balancing out' as a productive of the advanced stage of the epidemic, high death rate, slowing of incidence in some contexts but increase in others)
- Incidence remains high

HIV prevalence

- Key HIV prevalence findings include:
 - overall HIV prevalence very high
National antenatal prevalence = 30.2% (2005)
National population prevalence = 10.8% (2005)
 - important variations in prevalence in relation to...
 - sex - females 15-29, 3-4 x more likely to be HIV+ than males
 - age - higher HIV+ in younger age groups
 - race - whites and Indians much less likely to be HIV+
 - province - wide variation
(3.2% WC -23.1% MP in 15-49 age range)
 - residence geotype
(13.9% Urban formal - 25.8% Urban informal)

Prevention trends (1)

- Basic 'knowledge' is good
- Attitudes to PLHA are generally non-stigmatising
- Significant changes have occurred in some HIV prevention behaviours and practices over time...
 - Condom use increased from very low levels in the mid-1990s to very high levels currently
 - VCT has increased considerably in the past five years, with very high uptake noted more recently
 - High exposure to HIV/AIDS communication campaigns
 - High exposure to local level HIV/AIDS information (health facilities, CBOs, workplaces, religious institutions, friends, family)

Prevention trends (2)

- Poor awareness of importance of limiting number of partners / partner reduction as key prevention strategy
- Partner turnover high

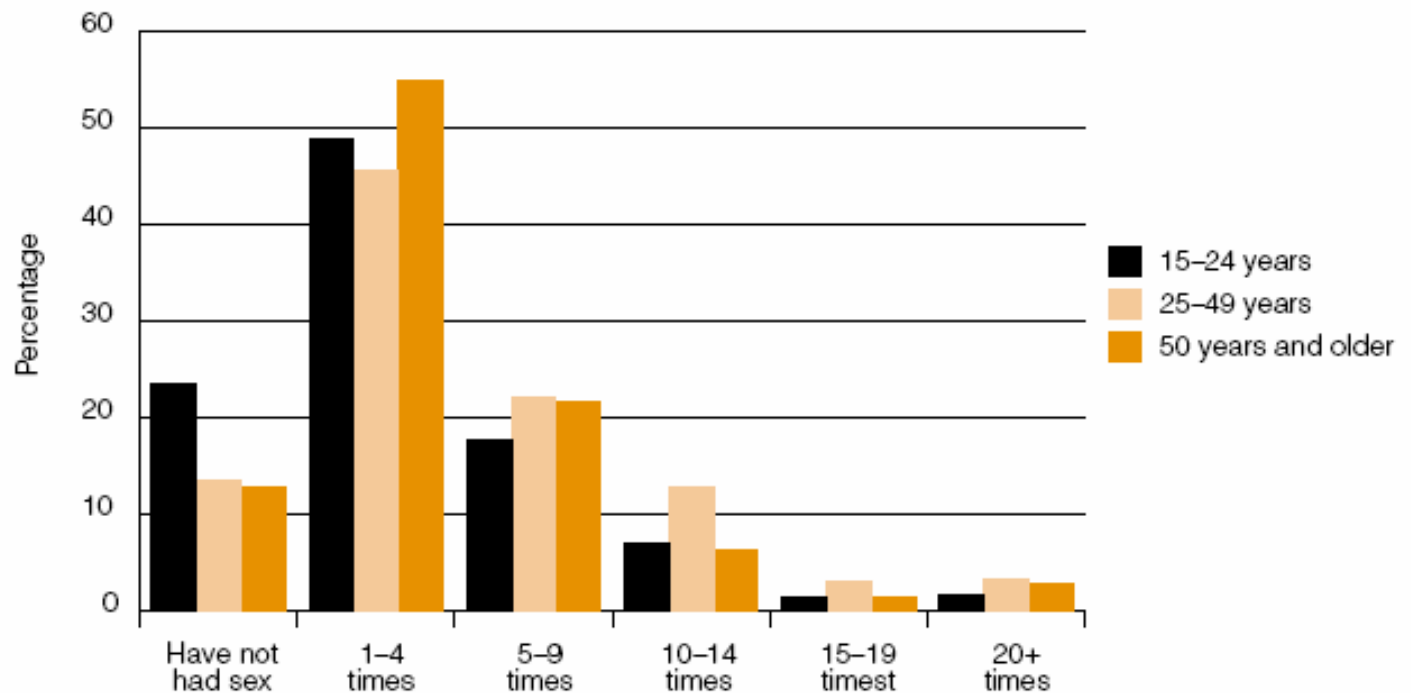
Table 3.24: Multiple sexual partnerships over the past 12 months among respondents aged 15 years and older by background characteristics, South Africa 2005

Variable	Male			Female		
		One partner	> One partner		One partner	> One partner
	n	%	%	n	%	%
Age						
15-24	972	72.8	27.2	1397	94.0	6.0
25 – 49	2059	85.6	14.4	3195	98.2	1.8
50+	799	90.2	9.8	726	99.7	0.3
Locality type						
Urban formal	2290	84.0	16.0	3011	96.8	3.2
Urban informal	431	80.0	20.0	628	96.5	3.5
Rural informal	668	81.3	18.7	1193	98.1	1.9
Rural formal	441	91.1	8.9	486	98.3	1.7

Prevention trends (3)

- HIV prevalence amongst youth high relative to proportion of sexually actives and low cumulative number of sex acts per HIV+ (biological co-factors)

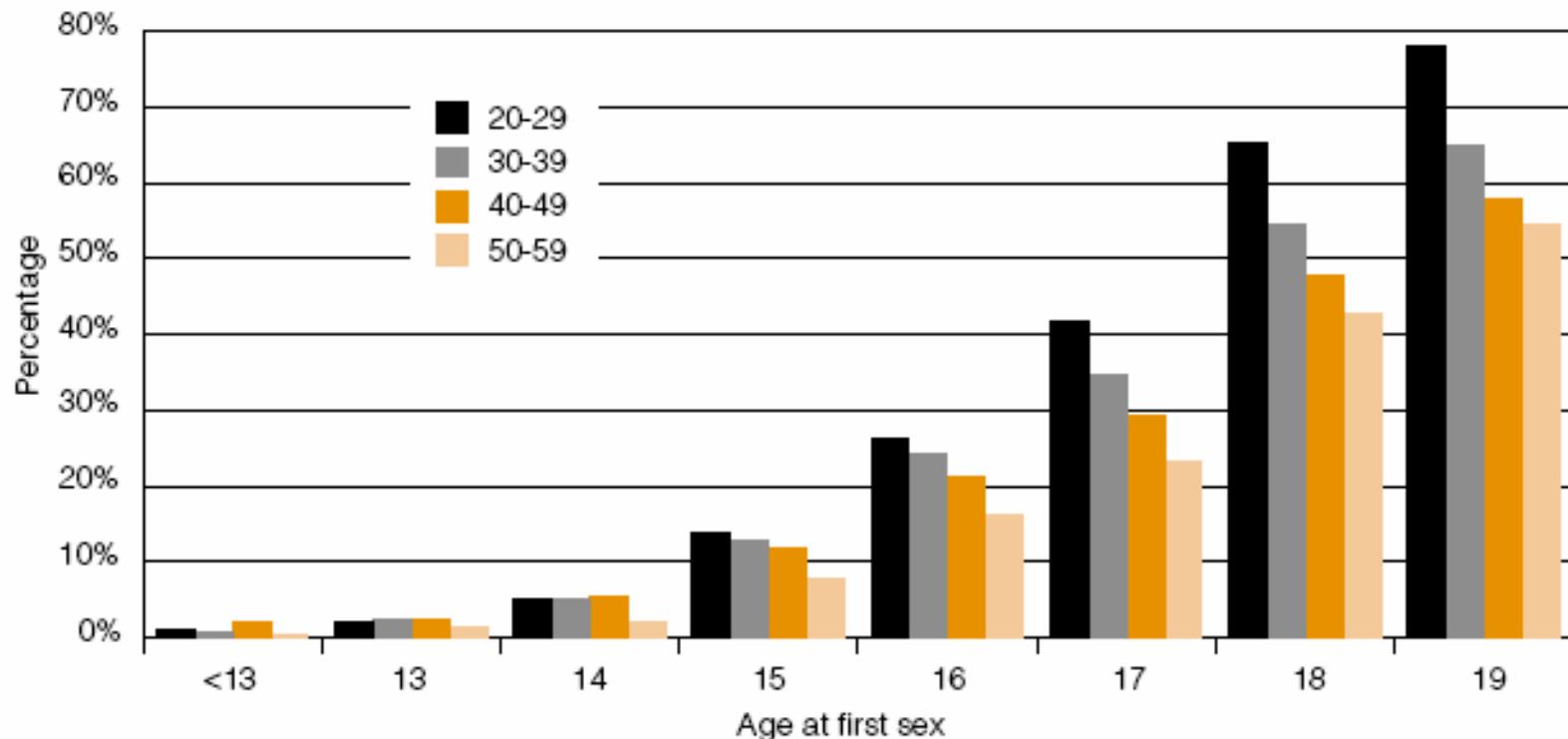
Figure 3.15: Sexual frequency among respondents aged 15 years and older in the last 30 days by age group, South Africa 2005



Prevention trends (4)

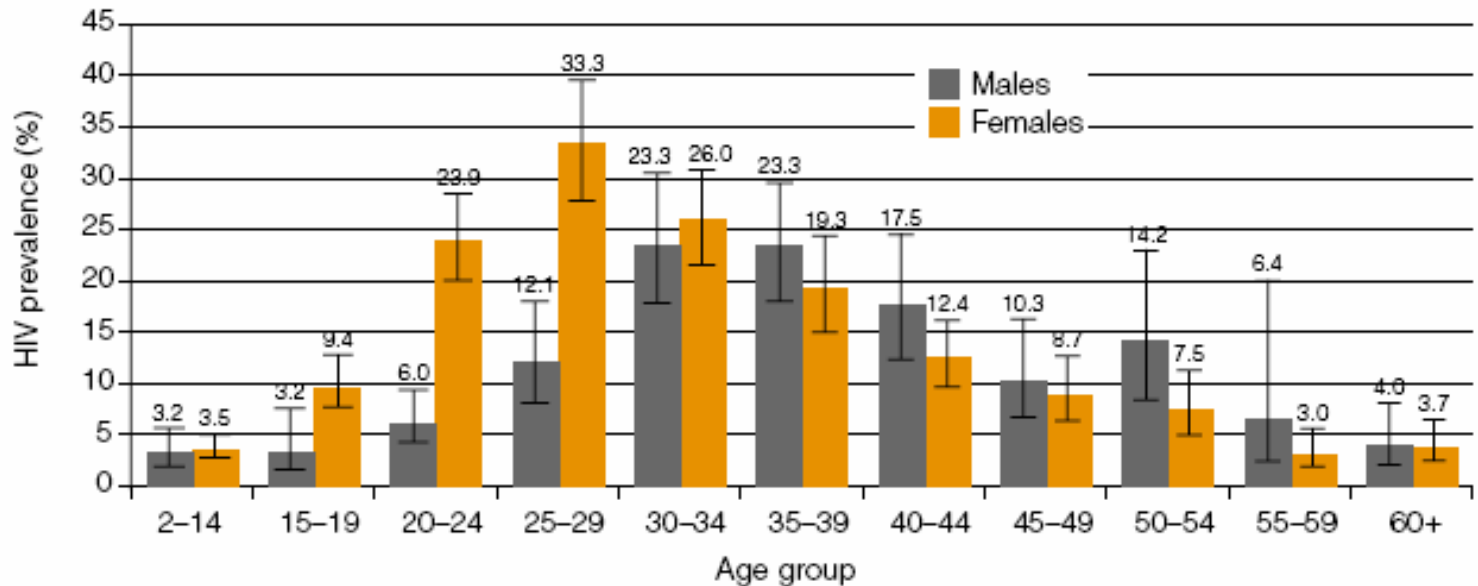
- Age of sexual debut declining in successive 'generations'

Figure 3.14: Inter-generational analysis of changes in the age of sexual debut among respondents aged 20–59 years who were ever sexually active, South Africa 2005



HIV prevalence distribution

Figure 3.1: HIV prevalence by sex and age group, South Africa 2005



- HIV prevalence amongst females very high
- HIV prevalence amongst older persons higher than expected
- HIV prevalence high in informal settlements

Research gaps (1)

- Quantitative surveys provide a very good understanding of 'what' but a very poor understanding of 'why'
- HIV prevalence is a problematic measure as it doesn't allow for correlation between current sexual practices and HIV incidence
- We have an overall poor understanding of HIV risk and factors underpinning HIV incidence
- Need to expand indicators to provide clearer understanding of risk

Research gaps (2)

- Need to study context/community/activity specific risks
 - girls and women
 - influence of sexual violence, sexual abuse
 - informal settlements (High/low prevalence contexts)
 - institutions (schools, prisons)
 - sex workers, mobile populations, MSM
- Very few studies have been commissioned to address contexts of risk
- Funding has not been committed to systematic secondary analysis of existing data

Focal points for prevention (1)

- Sexual behaviour is a complex and potentially inappropriate focal point intervention
- Sex is emotional/irrational... we cannot expect rationality and logic to prevail
- Sexual risk/irrationality is exacerbated by alcohol/drugs
- Sexual risk is relative to power. Power differentials exist as a product of:
 - age
 - gender
 - physical power (violence)
 - economic power
 - institutional power
 - cultural expectations

Focal points for prevention (2)

- Limits of 'biomedical' intervention
 - major strides in condom uptake, but emphasis needed in promoting consistent and correct use
 - condom use not easily negotiated in contexts of assumed trust (marriage, medium to long term relationships)
 - consistent/correct use diminished by a alcohol etc.
 - STI management has contributed to reduced syphilis but has not contained growth of HIV prevalence
 - circumcision - projected impacts only in two or more decades; very difficult to communicate 'partial protection'; high circumcision rates in EC, but still high prevalence
 - need to re-evaluate biological vulnerability of females

Focal points for prevention (3)

- Need assertive, focused, goal oriented approach in the context of a serious epidemic and 'emergency'
- Need to shift from 'managing' risk at the point of sexual encounter to 'managing' contexts of risk
- Promote understanding of risk of 'exposure'
 - need to limit partner turnover / lifetime partners
 - knowledge of own and partner HIV status
 - contexts of risk (mobility, alcohol, etc.)
 - 'coercion' and risk
- Promotion and protection of rights
- Delayed debut and secondary abstinence

Conclusions

- Shift from national 'generic' approach to approaches tailored to contexts
 - South Africa (not 'Africa')
 - Take into account high prevalence context/risk
 - province level (relative to HIV distribution and key drivers/dynamics);
 - community-level (eg. Formal; informal);
 - institution level (eg. Schools; prisons);
 - economic activity (eg. Sex work; mobility)
- Implications
 - review indicators and identify relevant short term goals (add measures/indicators as relevant)
 - focus interventions on factors related to high incidence
 - promote and fund analysis and strategy development